

EXHIBIT A

SAMPLE DEFICIENCY LETTERS



Claim No.
FName LName
Address1
City, State Zip

{DATE}

Esslinger v. HSBC Bank Nevada, N.A.
E.D. Pa 2:10-cv-03213-BMS

NOTICE OF DEFICIENCY

Dear M. _____

Heffler Claims Administration has received the Claim Form you submitted in the Esslinger v. HSBC Bank Nevada, N.A. settlement. The purpose of this letter is to advise you of a deficiency with your Claim Form. Your Claim Form is deficient for the following reason(s):

- You did not complete and sign the declaration at the bottom of the claim form. As your claim is not properly completed and signed, your claim is considered invalid.
- You did not supply the last four digits of your social Security Number **OR** state the last four digits of **ANY** of your HSBC credit card accounts that were enrolled in an HSBC Payment Protection product between July 2, 2004 and February 23, 2012.
- You did not check the appropriate box in Section 3 certifying that you were enrolled in or billed for an HSBC Payment Protection product during the Class Period
- You did not check a box in Section 4 on the Claim Form

As a result, you are not currently entitled to participate as a class member in this case and receive a payment or a credit to your account.

To correct this deficiency(ies), you must complete the enclosed Claim Form and return the completed Claim Form, postmarked no later than 45 days from the date on this letter, to:

Heffler Claims Administration
P.O. Box 230
Philadelphia, PA 19105-0230

If you have any questions, please feel free to contact out office toll free at **1-800-335-2852** or www.esslingersettlement.com/contact.

Sincerely,
Heffler Claims Administration

1515 Market Street, Suite 1700 ■ Philadelphia, PA 19102 ■ 215.665.8870 ■ Fax 215.665.0613

Heffler Claims Administration is a division of Heffler, Radetich & Saitta LLP
www.HefflerClaims.com

Esslinger v. HSBC Bank Nevada, N.A.
E.D. Pa 2:10-cv-03213-BMS

CLAIM FORM

To receive benefits from this Settlement, your Claim Form must be received on or before {DATE}.
 Mail your completed and signed Claim Form to:

Heffler Claims Administration
 P.O. Box 230
 Philadelphia, PA 19105-0230

If you are filing a claim for more than one account that was enrolled in or billed for an HSBC Payment Protection product, you will need to fill out a separate claim form for each account. Feel free to make copies of this form or, if necessary, go to www.EsslingerSettlement.com, write to Heffler Claims Administration, P.O. Box 230, Philadelphia, PA 19105-0230 or call Heffler Claims Administration at 1-800-335-2852 for additional forms.

You must complete all four sections below in their entirety and sign below in order to receive any benefits from this Settlement.

1. **CLAIMANT INFORMATION** -- Please provide the name(s) in which you hold or held an HSBC credit card and purchased an HSBC Payment Protection product, and all other information below.

FIRST NAME 1 _____ MI1 _____ LAST NAME 1 _____
 FIRST NAME 2 _____ MI2 _____ LAST NAME 2 _____
 ADDRESS 1 _____
 ADDRESS 2 _____
 CITY _____ STATE _____ ZIP _____ ZIP4 (optional) _____
 DATE OF BIRTH ____ / ____ / ____

2. **EITHER** state the last four digits of your Social Security Number here _____ **OR** state the last four digits of **ANY** of your HSBC credit card accounts that were enrolled in an HSBC Payment Protection product between July 2, 2004 and February 23, 2012 (the "Class Period") here _____.
3. If a claim form has been sent or emailed to you directly, this is because, according to HSBC's records, you were enrolled in or were billed for an HSBC Payment Protection product during the class period. Please check the following box if true. If you do not check this box you will not be eligible to submit a claim.

☐ I was enrolled in or billed for an HSBC Payment Protection product during the Class Period.

4. Please check all boxes that apply. If you do not check at least one box your claim will not be paid.

- ☐ I am submitting a claim for \$30.00 because I was enrolled in an HSBC Payment Protection product without my consent and, to the best of my recollection, I did not previously receive a full refund of HSBC Payment Protection fees, did not receive HSBC Payment Protection benefits and was enrolled for twelve (12) months or less.
- ☐ I am submitting a claim for \$60.00 because I submitted a claim for HSBC Payment Protection benefits that I believe was improperly denied and, to the best of my recollection, I did not previously receive a full refund of HSBC Payment Protection fees.
- ☐ I am submitting a claim for \$15.00 because I was dissatisfied with an HSBC Payment Protection product in which I was enrolled and for which I paid fees and, to the best of my recollection, I did not previously receive a full refund of HSBC Payment Protection fees.

I affirm that I have, to the best of my recollection, accurately filled out this Claim Form.

Signature: _____ Claim Number: _____

Name (please print): _____ Date: _____

Heffler Claims Administration
PO Box 230
Philadelphia, PA 19105-0230

Claim No. XXXXX
{Claimant}
{Address}
{City}, {ST} {ZIP}

{DATE}

Esslinger v. HSBC Bank Nevada, N.A.
E.D. Pa 2:10-cv-03213-BMS

NOTICE OF ENTIRE REJECTION

Dear M. {Claimant},

Heffler Claims Administration has received the response to a NOTICE OF DEFICIENCY you submitted in the Esslinger v. HSBC Bank Nevada, N.A. Settlement. The purpose of this letter is to advise you that the material submitted did not satisfy the requirements to correct the deficiency. Your Claim Form is still marked as deficient.

As a result, you are not currently entitled to participate as a class member in this case and receive a payment or a credit to your account.

To correct this deficiency(ies), you must complete the enclosed Claim Form and return the completed Claim Form, postmarked no later than 10 days from the date on this letter to:

Heffler Claims Administration
P.O. Box 230
Philadelphia, PA 19105-0230

If you have any questions, please feel free to contact our office toll free at **1-800-335-2852** or www.esslingersettlement.com/contact.

Sincerely,
Heffler Claims Administration